Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| *Effective on 12/08/2004.* Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **FEE TRANSMITTAL For FY 2007** | **Complete if Known** | |
|---|---|---|
| | Application Number | 10/530,705-Conf. #7744 |
| | Filing Date | November 8, 2005 |
| | First Named Inventor | Takao KASAI |
| | Examiner Name | J. F. Stephens |
| ☐ Applicant claims small entity status. See 37 CFR 1.27 | Art Unit | 3761 |
| **TOTAL AMOUNT OF PAYMENT**  ($) 790.00 | Attorney Docket No. | 0445-0350PUS1 |

## METHOD OF PAYMENT (check all that apply)

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): _____

☒ Deposit Account   Deposit Account Number: _____02-2448_____   Deposit Account Name: Birch, Stewart, Kolasch & Birch,

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below          ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17          ☒ Credit any overpayments

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES Fee ($) | FILING FEES Small Entity Fee ($) | SEARCH FEES Fee ($) | SEARCH FEES Small Entity Fee ($) | EXAMINATION FEES Fee ($) | EXAMINATION FEES Small Entity Fee ($) | Fees Paid ($) |
|---|---|---|---|---|---|---|---|
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

### 2. EXCESS CLAIM FEES

| Fee Description | Fee ($) | Small Entity Fee ($) |
|---|---|---|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee ($) | Fee Paid ($) | Multiple Dependent Claims Fee ($) | Fee Paid ($) |
|---|---|---|---|---|---|
| 5 - 20 = _____ | x _____ | = _____ | | _____ | _____ |

HP = highest number of total claims paid for. if greater than 20

| Indep. Claims | Extra Claims | Fee ($) | Fee Paid ($) |
|---|---|---|---|
| 1 - 3 = _____ | x _____ | = _____ | |

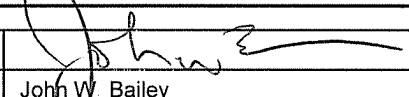HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee ($) | Fee Paid ($) |
|---|---|---|---|---|
| _____ - 100 = _____ | /50 = _____ | (round up to a whole number) x | _____ | = _____ |

### 4. OTHER FEE(S)

|  | Fees Paid ($) |
|---|---|
| Non-English Specification, $130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... | 790.00 |

| SUBMITTED BY | | | | | |
|---|---|---|---|---|---|
| Signature | [signature] | Registration No (Attorney/Agent) | 32,881 | Telephone | (703) 205-8000 |
| Name (Print/Type) | John W. Bailey | | | Date | AUG 0 9 2007 |